

PRINCIPAL OFFICERS

J.P. DUNC.AN President

HENRY GARCIA Vice President

ERIC ROBERTS Secretary/Treasurer

ANGELA YOUNG Field Representative

DISTRICTS

DISTRICTS 1 & 16 Fort Myers

DISTRICT 2 Lee Co. EMS

DISTRICTS 3 & 15 Fort Myers Beach

DISTRICT 4 North Fort Myers

DISTRICT 5 South Trail

DISTRICTS 6 & 19 Lehigh Acres

DISTRICT 7 & 25 Iona McGregor

DISTRICT 8 Tice

DISTRICTS 9 &21 San Carlos Park

DISTRICT 10 & 22 Lee Co. CFR

DISTRICT 11 Estero

DISTRICT 12 Bayshore

DISTRICT 13 Pine Island

DISTRICT 14 Collier Co. EMS

DISTRICT 17 Sanibel

DISTRICTS 18 & 20 Fort Myers Shores

DISTRICT 23 Hendry Co. EMS

DISTRICT 24 Alva

SOUTHWEST FLORIDA PROFESSIONAL FIREFIGHTERS & PARAMEDICS

LOCAL 1826/I.A.F.F., INC.

12651 McGregor Blvd • Suite 2-203 • Fort Myers, Florida 33919 (239) 334-8222 • (239) 334-8240 • Fax: (239) 790-2715 E-mail: www.local1826.com

Dear prospective Southwest Florida Professional Fire Fighter & Paramedic member,

The intention of this letter is to serve as an open invitation to all employees from various emergency departments within the Southwest Florida area to join our local organization as a member of the Southwest Florida Professional Firefighters & Paramedics, IAFF Local 1826 Inc., (an affiliate of the International Association of Fire Fighters and Florida Professional Fire Fighters). It is designed to explain the purpose as well as some of the goals of our organization.

The main purpose of the Southwest Florida Fire Fighters & Paramedics, IAFF, Local 1826 Inc. is to maintain an endless fight for members in areas of wages, hours, terms, and conditions of employment in exchange for the professional life-saving service our members provide. We strive to assure that our members are afforded the latest state of the art training and provided the best possible safety equipment. We continue to work with management in developing fair and consistent policies for the betterment of all department members.

We, as Professional Fire Fighters, Paramedics and Emergency Medical Technicians throughout the state of Florida have worked tirelessly in achieving the legal right for public employees to not only be allowed to join this public employees union but also to be free from harassment, ridicule and most importantly free from management's ability to threaten termination of one's employment. Basic job protected rights were not always available to public employees. These and many other rights for public employees are in Florida Statute 447. Such rights were only achieved by collective organizing as one group bonded together for the same cause.

Our organization currently represents twenty-five bargaining units in nineteen separate departments. Each bargaining unit bargains for wages, terms, and conditions of employment at their respective agencies. These various departments are called districts, and each district elects its own District Vice President (DVP) every three years. The DVP organizes the day to day affairs of the district, as well as being active in assisting with negotiating the collective bargaining agreement with their employer, and members within each district vote to approve its district contract.

Application for Membership:

- Please forward the dues deduction authorization to your payroll department or DVP according to district policy or union contract
- Return information forms you fill out to the union office.
- Please fill in all the information areas provided.

Affiliated with: INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS Florida Professional Fire Fighters



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Register to our Local 1826 Website:

Please register to our web site at www.local1826.com and https://smart.iaff.org/login.html after you have submitted your application and dues deduction forms. You do not have to provide your IAFF member number; you do have to provide your name, address, phone number, personal (NOT DEPARTMENT) email address, and the district where you work. SMART will send a confirmation email. Please check your spam/junk folders. Once the email is received, please follow the directions.

Personal Data Base:

This information is personal and will not be shared. We do need this information to maintain contact with each of you and to ensure that you receive all publications and mailings. When any of your information has changed, please go to the Local 1826 website and SMART and make the updates so we have your current information on record.

Any questions?

If so, please contact this office at 334-8222 and speak with J.P, Henry, Eric, or Angie. You can also contact your District Vice President.

We whole heartily welcome you to visit your union office and talk with any of the four elected principal officers and discuss any issues or concerns that you may have. Once your information has processed to the IAFF, you should expect your membership packet in 3 to 4 months. Feel free to stop by the union office Monday through Friday or call us at (239) 334-8222.

Fraternally,

J.P., Henry, Eric, & Angie

Personal and Confidential Data Information

Application for Membership into the: Southwest Florida Professional Firefighters & Paramedics IAFF Local 1826 International Association of Firefighters Florida Professional Firefighters

Date	Department Employed by	Sex	
Last Name	First Name	MI	
Address			
City	State Zip Code		
Home Phone	Cell Phone		
Date of Birth Personal Email Address			
	CLC	d for IAFF	
Were/are you a member of another Local? If yes, which Local?			
Were/are you a member of another District within Local 1826? Which District?			
Opt in: Text	Email		

DUES DEDUCTION AUTHORIZATION

I hereby authorize the _____ Fire & Rescue Control District, or its agents, to deduct from my earnings, the regular monthly dues in the amount certified by the Treasurer of Local1826/I.A.F.F. inc., said local union. This authorization is revocable by a notice in writingto the ______ Fire & Rescue Control District, with a copy also provided to the union at the address on file.

I hereby waive all rights and claims for said monies so deducted and transmitted in accordance with this authorization and, further and separately, relieve the ______ Fire & Rescue Control District and any agent, from liability therefor.

I understand that this authorization is voluntary, and that I may revoke it at any time be giving the Fire District notice in writing.

NAME	DATE
SOCIAL SECURITY NUMBER	
EMPLOYEE SIGNATURE	

STOP DUES DEDUCTION AUTHORIZATION

I hereby authorize the	Fire & Rescue Control
District, or its agents, tostop deducting from amount certified by the Treasurer of Local 1	my earnings, the regular monthly dues in he
authorization is revocable by a notice in wri	
Fire &	& Rescue Control District, with a copy also
provided to the union at the address on file.	
I hereby waive all rights and claims for said accordance with this authorization and the	-
and any agent, from liability therefor.	
NAME	DATE
SOCIAL SECURITY NUMBER	
EMPLOYEE SIGNATURE	